## Legislative Proposals

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL

Administration for Community Living

**Inclusion of Program Evaluation and Performance Measurement Activities with Reserved Training and Technical Assistance Funds**

Proposal: Explicitly authorize program evaluation and performance measurement as an allowable activity of funds currently appropriated for training and technical assistance to Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs).

Current Law: Section 711A(a) of the Rehabilitation Act, as amended (Rehabilitation Act), 29 U.S.C. 796e-O, and Section 721(b) of the Rehabilitation Act, 29 U.S.C. 796f, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated for the Independent Living Services program and the Centers for Independent Living (CILs) program be made available for training and technical assistance to SILCs and CILs. Neither section explicitly authorizes the use of such funds for program evaluation and/or performance measurement.

Rationale: The current statute does not explicitly authorize Section 711A or Section 721(b) funds to be used for program evaluation and/or performance measurement of CILs and/or SILCs. This proposal would give the Administrator flexibility to conduct program evaluation and performance measurement activities. This proposal is consistent with language included in other ACL programs, such as the Older Americans Act, that enables ACL to conduct performance measurement and evaluation of the programs it funds under that Act.

It is consistent with the President’s initiative to improve operational efficiency and decrease unwarranted regulation and guidance, and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: October 1, 2020

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL

Administration for Community Living

**Removal of Requirement that Annual Grantee Compliance Reviews Occur Onsite**

Proposal: Remove the requirement that Center for Independent Living annual grantee compliance reviews be conducted “onsite.” Allow the Administrator to determine the most effective method for annual grantee compliance reviews.

Current Law: Section 706(c)(1) of the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), 29 U.S.C. 796d-1, requires the Administrator to conduct onsite compliance reviews of at least 15 percent of the Centers for Independent Living funded under section 722 of the Rehabilitation Act, 29 U.S.C. 796f-1, on an annual basis.

Rationale: As the program has increased the total number of grantees, it has become increasingly difficult to meet the statutory requirement to conduct onsite compliance reviews of at least 15 percent of grantees on an annual basis. This proposal creates a more efficient monitoring process by shifting resources to support a three-tier compliance review system that incorporates a grantee dashboard applicable to 100 percent of grantees, targeted compliance reviews determined by the issue of concern, and comprehensive onsite reviews, when applicable. The requirement for onsite compliance reviews was added to the Rehabilitation Act in 1988 when the number of grantees was approximately 52, requiring eight annual onsite compliance reviews. In 2019, there are 282 grantees, requiring 42 annual onsite compliance reviews. Historically, the program has not met the requirement. As demonstrated by pilot desktop reviews conducted in FY2019, today’s technology provides tools and options supporting dynamic, efficient remote compliance reviews that were not available in 1988. This proposal gives the Administrator the authority to determine the most effective method for conducting annual compliance reviews, including allowing for remote reviews, while continuing to ensure that CILs are monitored and complying with the Rehabilitation Act.

It is consistent with the current Administration's priorities to improve operational efficiency and decrease unwarranted regulation and guidance and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: Upon enactment

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL

Administration for Community Living

**Provide Direct Training and Technical Assistance to Centers for Independent Living**

Proposal: Add the flexibility for direct training and technical assistance (T/TA) by program staff to the Centers for Independent Living program authorization. Allow the Administrator to determine the most appropriate funding method for delivery of training and technical assistance to Centers for Independent Living.

Current Law: Title VII Subchapter B, Section 711A(a) of the Rehabilitation Act, 29 U.S.C. 796e-0, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated and made available for use under Subchapter B be reserved, *either directly* or through grants, contracts or cooperative agreements, to provide T/TA to *Statewide Independent Living Councils*. In contrast, Section 721(b) of the Rehabilitation Act, 29 U.S.C. 796f, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated for use under Subchapter C be reserved to provide, *through grants, contracts or cooperative agreements,* T/TA to *Centers for Independent Living*.

Rationale: Current statute imposes unnecessary restrictions over T/TA funding mechanisms for the Centers for Independent Living program. Historically the full T/TA funding has been awarded through a cooperative agreement. This proposal gives the Administrator authority to diversify T/TA and utilize funds to support necessary activities by program staff. By adding the language “either directly” to the funding mechanisms, the proposal would resolve the inconsistency between T/TA delivery by the two Independent Living programs, increasing program efficiency.

It is consistent with the Administration’s priorities to improve operational efficiency and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: October 1, 2020

FISCAL YEAR 2021 DHHS LEGISLATIVE PROPOSAL

Administration for Community Living

**Enhance Resources for Evaluation, Training & Technical Assistance**

Proposal: Increase the allowance for evaluation from ½ percent to 1 percent for enhanced evaluation and data collection.

Current Law: Section 206(g) of the Older Americans Act permits the use of up to ½ of 1 percent to conduct evaluations of programs and to review their effectiveness.

Rationale: Due to the increasing demographics and complexity of needs of the aging population, the demand for information about aging programs and their effectiveness is increasing. As a result, additional resources are needed to more quickly and comprehensively review programs and provide data that supports administration and congressional actions for addressing these changing needs.

Budget Impact: None.

This is a non-budget related discretionary item that is budget neutral. It would result in reduced levels of funding passed through to States for services. No increases in the total budget are needed to implement this proposal. The amount is taken from existing amounts appropriated. The maximum amount of the allowances based on FY 2020, if full authority was utilized:

* ½% -- $7,681,131
* 1% -- $15,362,262

Personnel Requirements: No change.

Effective Date: Effective upon enactment.

Suggested draft bill language:

Section 206(g) --

*From the total amount appropriated for each fiscal year to carry out title III, the Secretary may use such sums as may be necessary, but not to exceed ~~½ of~~  1 percent of such amount, for purposes of conducting evaluations under this section, either directly or through grants or contracts.*

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL

Administration for Community Living

**Medicare Improvements for Patients and Providers Act (MIPPA) Program**

Proposal: Continue operation of the Medicare Improvements for Patients and Providers Act (MIPPA) program, which provides additional funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to conduct one-on-one counseling specifically targeting hard-to-reach beneficiaries; and to support the National Center for Benefits Outreach and Enrollment (NCBOE). Through FY 2021, provide mandatory appropriations at the current level of $37.5 million.

Current Law: Medicare Improvements for Patients and Providers Act of 2008, Section 119 (42 U.S.C. 1395b-3 note) as amended.

Rationale: MIPPA funding provides targeted in-person enrollment assistance to Medicare beneficiaries who qualify for either the Medicare Savings Plans (MSP) or the Social Security Low‐Income Subsidy (LIS). Beneficiaries are eligible for these programs if they have minimal assets and incomes below 135% of the Federal Poverty Level. Some individuals with slightly higher incomes may qualify for partial assistance under LIS.

Three funding streams provide formula grants to States – to access the resources of Area Agencies on Aging (AAAs) and tribes, Aging and Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs) – to provide services to eligible beneficiaries. MIPPA funding is not used to support the day-day services of these entities, but to go beyond the assistance normally provided, both in terms of identifying older Americans and those with disabilities in need, and to provide much more intensive counseling and enrollment assistance (up to several hours per beneficiary) that focuses on those qualifying for the Medicare LIS or MSP.

A fourth funding stream under MIPPA provides for a National Center for Benefits Outreach and Enrollment (NCBOE) which coordinates efforts to inform older adults and beneficiaries with disabilities about the low-income benefits available under federal and state programs, with an emphasis on providing information on programs to help Medicare beneficiaries access their Medicare coverage, specifically the LIS and MSP. In addition, the NCBOE supports a nationwide network of 87 local Benefit Enrollment Centers which provide low-income benefits information and enrollment assistance to the public.

MIPPA, initially passed in 2008, provided funding beginning in FY 2009 to extend the reach of these existing programs to provide targeted in-person enrollment assistance to Medicare beneficiaries, and has been funded nearly annually through a series of funding or extenders bills. Funding provided through MIPPA does not replace base funding that is used to provide other

services through these programs, and without the additional MIPPA funding, SHIPs, ADRCs, and AAAs may not be able to carry out these targeted outreach and counseling activities, meaning that beneficiaries could lose this assistance and bear higher out of pocket costs. Most recently, the Further Consolidated Appropriations Act, 2020 extended funding for MIPPA to May 22,2020 leaving the MIPPA program unfunded, without further action by the Congress, after that date.

Continued funding is needed so that the beneficiaries eligible for these programs do not lose in-depth assistance with enrolling in the programs that MIPPA dollars support. To the extent that these individuals fail to enroll, each beneficiary would lose not only an estimated $4,000 annually in LIS savings (per SSA estimates) and/or $437 per month in Medicare Part A Premium Savings and $135.50 per month in Part B Premiums through MSP, but also additional assistance with Medicare Part A and B copayments and deductibles and benefits from other programs to which they are also entitled.

Budget Impact: $13.4 M in FY 2020, $37.5 M in FY 2021

Personnel Requirements: No change

Effective Date: October 1, 2020